



Trust Headquarters
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West Sussex
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Date:

Email:

Dear,

Tel: 0300 123 0999
www.secamb.nhs.uk

I am writing in response to your enquiry under the Freedom of Information Act 2000 (FOIA) reference FOI 230528.

You requested the following information, please also see our response below:

Please could you confirm if your Ambulance NHS Trust still allows "standard" frontline paramedic's to undertake the skill of Endotracheal Intubation.

- No, intubation is currently only within the scope of practice of the Trust's Critical care paramedics and doctors. This was effective from 1st April 2023.

If so, please could i request a copy of the policies relating to Airway Management / Advanced Life Support.

- Clinical instruction attached. Our scope of practice and resuscitation policies are currently being updated.

If not, please could you expand of the clinical reasoning why the skill was withdrawn from standard practice, and when the skill was removed from practice.

- The decision to remove intubation from the scope of practice for paramedic staff, except for Critical Care Paramedics (CCPs), is supported by several factors:
 - Limited opportunities for proficiency: The shift towards university-based paramedic training programs, coupled with changes in the delivery of anaesthesia in hospitals, has reduced the opportunities for paramedic students to gain proficiency in intubation. The decreased availability of intubation cases and the reliance on simulated intubations on mannequins hinder the acquisition of practical skills and real-life experience.
 - Uncertain evidence base: The evidence regarding the survival benefit associated with intubation in out-of-hospital cardiac arrest (OHCA) remains inconclusive. Studies like AIRWAYS-2 have shown that the use of supraglottic airway devices (SADs) can be just as effective, with higher success rates and a focus on providing essential interventions like chest compressions and defibrillation. This evidence suggests that familiarity, competence, and proficiency with SADs may be more important than intubation skills.

- Mixed success rates: Studies such as the PART trial and the AIRWAYS-2 trial demonstrate varying success rates for paramedic intubation attempts. These studies reported first pass success rates ranging from 52% to 79%, with higher success rates observed after multiple attempts. These findings indicate that intubation success can vary among paramedics, and the overall success rate may not consistently meet the desired threshold.
- Patient safety concerns: The risks associated with unsuccessful intubations, such as airway trauma and delayed airway management, raise concerns for patient safety. Failing to identify a misplaced tracheal tube can result in hypoxia and potentially lead to fatal outcomes. The introduction of additional safety measures like the use of bougies and capnography has not completely eliminated incidents of unrecognized misplaced tracheal tubes, further highlighting the challenges and potential risks associated with intubation.
- Inter-service alignment: Other ambulance services in the UK have either fully or partially withdrawn intubation from non-specialist paramedics, aligning with the growing opinion that intubation should be limited to a specialist paramedic role. The experiences of services like London Ambulance Service and Yorkshire Ambulance Service, which have already implemented these changes, provide further support for the decision to remove intubation from the scope of practice for non-specialist paramedics.

Based on the above considerations, removing intubation from the scope of practice for non-specialist paramedics, while maintaining it as a skill for CCPs, ensures that a dedicated cohort of paramedics with ongoing training, governance, and appropriate caseloads can maintain the necessary level of competence in airway management. This approach aligns with evolving best practices, maximizes patient safety, and optimizes the utilization of resources within the ambulance service.

I hope you find this information of some assistance.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address:

FOI@secamb.nhs.uk

Yours sincerely

**Freedom of Information Coordinator
South East Coast Ambulance Service NHS Foundation Trust**

